Docket No.: 71247-0058

## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

EXOSKELETON SYSTEM FOR A PROPORTIONAL MOVEMENT BIOLOGICAL SEGMENT AND EXOSKELETON ASSEMBLY OF A SAID SYSTEMS

the specification of wh	nich:						
s attached heret	o; OR						
was filed on November 5, 2004		04 as U.S. Applicat	as U.S. Application Number or PCT International Application Number			PCT/FR2004/002850	
and (if applicable) was	amended on		·				
		erstand the contents of the abortion of which I am aware and wh				any amendment referred to above. cordance with 37 CFR §1.56.	
365(a) of any PCT inte- certificate, or §365(a)	emational application of any PCT Internal	which designated at least one of	country other than the ates at least one cou	United States of Antry other than the	merica, listed below an e United States, listed	or plant breeder's rights certificate(s), of have also identified below, or inventor's below any foreign application for patentich priority is claimed.	
Prior Foreign Ap	oplication(s)						
NUMBER		COUNTRY	DA	DAY/MONTH/YEAR FILED		PRIORITY CLAIMED?	
03 13 087		FRANCE	FRANCE 07/NOVEMB		R/2003	YES	
I hereby claim the bene	efit under 35 U.S.C. §	S119(e) of any United States pro	ovisional application(s)	listed below.			
•			APPLICATION NUMBER FILING DATE		IG DATE		
insofar as the subject paragraph of 35 U.S.C	matter of each of the c. §112, I acknowledg	e claims of this application is no	ot disclosed in the prior on known to me which mational filing date of t	r United States or is material to the his application.	PCT International appl patentability as defined	nating the United States, listed below and ication in the manner provided by the firs in 37 CFR §1.56 which became available	
INTERNA	TIONAL APPLI	CATION NUMBER	NUMBER FILING DATE		STATUS (Pate	nted, Pending, Granted)	
Customer No. 22902), therewith. Send Corre Facsimile: 202-835-17 I hereby declare that a statements were made	as his attorneys with espondence to: (Cu 755. Il statements made h with the knowledge to	a full power of substitution to pro- ustomer No. 22902) CLARK & erein of my own knowledge are	BRODY, 1090 Vermone true and that all state the like so made are put	plication and to tra ont Avenue, NW, ement made on infinishable by fine or	nsact all business in the Suite 250, Washington ormation and belief are imprisonment, or both, u	tration No. 33,613) (both associated with e Patent and Trademark Office connected n, DC 20005; Telephone: 202-835-1111 believed to be true; and further that these under Section 1001 of Title 18 of the United	
Full name of first in	ventor: PATRICK	SADOK					
Inventor's signature			Date:				
Residence: LYON,	, FRANCE						
Citizenship: FRAN	CE						
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Full name of secon	nd joint inventor, if a	ny: <b>CHRISTIAN ARNOUD</b>					
Inventor's signature	e:				Date:		
Residence: LUZY,	FRANCE						
Citizenship: FRAN	CE						
Post Office Addres	s: LA CHAIZE. 581	70 LUZY, FRANCE					

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Full name of third joint inventor, if any: JEAN-FRANCOIS ACHARD DE GOULANDRE	
Inventor's signature:	Date:
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Post Office Address: 58, RUE DE LA CHARITE, 69002 LYON, FRANCE	
Full name of fourth joint inventor, if any:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	
Full name of fifth joint inventor, if any:	
Inventor's signature:	Date:
Residence:	,
Citizenship:	
Post Office Address:	
Full name of sixth joint inventor, if any:	
Inventor's signature:	Date:
Residence:	
Citizenship:	· · · · · · · · · · · · · · · · · · ·
Post Office Address:	
Full name of seventh joint inventor, if any:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	
Full name of sighth is intinuanter if any	
Full name of eighth joint inventor, if any:	Date
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	